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PAIN-MEDICINE

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Andrew M.G. Davy, M.D.

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She reports getting two hours of non-restorative sleep because the pain constantly interferes with the quantity and quality of her sleep.

ASSOCIATED SYMPTOMS:

She reports that her arms and legs get weak at times. She has been dropping things. She also gets tingling and numbness down the arms and legs but she denied any bowel or bladder habit control problems, skin color or temperature changes, abnormal hair growth or sweating.

INVESTIGATIONAL STUDIES:

Investigational studies have included an MRI of the lumbosacral spine done on 3/13/2007, which was notable for L3-L4 and L4-L5 posterior disc bulges and diminished disc height at L5-S1 with disc hydration loss and anterior disc extrusion and anterior spur with adjacent osseous vertebral edema as well as posterior disc herniation. An MRI of the cervical spine done on 3/13/2007 was notable for posterior disc bulges at C2, C3, C4 and C5 and a posterior disc herniation with ventral CSF impression at C3-C4. There were eccentric left-sided peripheral disc herniations at T1-T2 and T2-T3.

TREATMENT HISTORY:

The patient's current pharmacological regimen consists of nothing. She has tried Flexeril in the past. She continues to have therapy three times a week.

INVASIVE INTERVENTIONS:

She has not had any surgery, nerve blocks, or acupuncture for her pain.

PAST MEDICAL HISTORY:

None.

REVIEW OF SYSTEMS:

All organ systems are noncontributory.

PAST SURGICAL HISTORY:

She is status post breast implants and prolonged awakening from general anesthesia.

HABITS:

She drinks alcohol occasionally but denied any cigarette or illegal drug use.

Adonna Frometa

April 25, 2007

RE: Adonna Frometa
DOB: 3-25-1968
Referring Physician: Dr. Krishna
Insurance: GEICO
Claim #: 0293057720101027

INITIAL CONSULTATION

Dear Dr. Krishna:

Thank you for requesting a pain management consultation on Ms. Frometa. I had the pleasure of seeing her on 4/20/2007. This report summarizes my findings and recommendations.

PAIN HISTORY:

Adonna Frometa is a 39-year-old woman who was in her usual state of health until 2/14/2007 when she was involved in a motor vehicle accident. The patient reports that she was the driver of a car that was rear-ended while moving. She had two minutes of loss of consciousness. She was wearing a seat belt. Emergency room evaluation ruled out any fractures or dislocations with a CAT scan. She was treated and discharged. She is right hand dominant. She has no prior history of neck or low back pain. Her primary site of pain today is her neck. Secondary sites of pain include her lower back. The pain in both areas is described as aching, throbbing, burning, tingling and sharp with pins and needles sensation going down the extremities. The pain's intensity, based on a scale with 0 equal to no pain and 10 equal to the worst possible pain, was present at 9 out of 10 in the lower back. At its least, it was 9 out of 10 and at its worst, it was 10 out of 10. The neck pain was present at 8 out of 10. At its least, it was 8 out of 10 and at its worst, it was 10 out of 10. Both pains are constant. There are no pain-free periods. The neck pain radiates down the right and left lower extremities into the first and fifth digits. The low back pain radiates down the right and left lower extremities into the first and fifth digits. Factors that increase the low back pain include sitting or standing in one position for an extended period of time, and coughing, sneezing and bowel movements. Range of motion of the head and neck and use of the upper extremities increases the neck pain. Inactivity helps to decrease both pains and sitting or standing in one position for an extended period of time helps to decrease the low back pain.

The patient's level of activity is moderately limited. She is unable to work. She is limited in activities of daily living. Her aunt and cousin help out and she is not able to engage in her usual recreational activities, which consist of going skating and ice skating.

Adonna Frometa

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SOCIAL HISTORY:

She lives with her mother.

ALLERGIES:

She is allergic to penicillin and Mifal.

CURRENT MEDICATIONS NOT USED FOR PAIN:

None.

PHYSICAL EXAMINATION:

She is alert and oriented to person, time, and place. She is afebrile. Vital signs are stable. She is 5 feet 4 inches tall and weighs 135 pounds. The head was atraumatic and normocephalic. The occipital nerves were nontender. The lungs were clear to auscultation and percussion. The heart had a normal S1, S2, no murmurs, rubs, or gallops. The abdomen was soft with normal active bowel sounds. No masses or bruits were detected. Her gait was normal. She had pain on forward flexion and increased pain on extension of the lumbar spine on the right, negative on the left. Straight leg raises were positive at 30 degrees, both sitting and supine, bilaterally. Her neck was notable for a positive Spurling's sign, right greater than left, with decreased sensation over the right C6-C8 dermatomes; tenderness over the facet joints bilaterally; and multiple myofascial trigger points throughout the neck and shoulders.

INITIAL DIAGNOSES:

Low back pain secondary to lumbar post-traumatic disc pathology, lumbar radiculopathy, multiple myofascial trigger points, cannot rule out facet syndrome.

Neck pain secondary to cervical post-traumatic disc pathology, cervical radiculopathy, multiple myofascial trigger points, cannot rule out facet syndrome.

ICD 9:

724.4, 721.42, 724.8, 724.09, 723.4, 723.1 and 721.1

INITIAL PLAN:

1. Lumbar epidural steroid injections x 3.
2. Cervical epidural steroid injections x 3.
3. Facet nerve injections in the right and left neck.
4. Radiofrequency lesioning of the facet nerves if the diagnostic injections decrease the pain by 50% or more.
5. Percutaneous disc decompression if the epidurals fail.

Adonna Frometa

Adonna Frometa

SUMMARY:

The above plan was gone over in detail with the patient. She understood and agreed to proceed.

Ms. Frometa has clinical signs, symptoms, and radiologic evidence consistent with cervical and lumbar post-traumatic disc pathology that is a direct result of the motor vehicle accident dated 2/14/2007. No pre-existing condition exists that affects the causality. All her pain, suffering, and current marked partial disability are a result of this accident. She has failed conservative therapy, and I would like to proceed with the routine interventional treatments, namely epidural injections and facet treatments.

I will keep you abreast of her responses to these and remain hopeful that they will be able to decrease her pain, increase her activities, decrease her reliance on healthcare resources, and get her back to her usual level of high functioning. If these fail, I will inform you of the need to proceed with advanced therapies.

Thank you for allowing me to participate in the care of this patient. If questions remain, please do not hesitate to contact me.

Sincerely,


Andrew M.G. Davy, M.D.

LS-Sm

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Pain Medicine
 Phone (718) 377 8877 Fax (718) 377 1192

Patient Name: Adonna Francher Medical Record No.: _____
 Date: 6-1-07 Age: Neck Allergies: Pen, Morphine
 Location and Quality of Pain: _____
 Intensity (0-10) today: Neck 2/10 Last Visit
 Sleep (amount and quality): improved - light sleep
 Activity: None
 Medications for Pain: _____

Side Effects:

Other Medications: _____
 Procedures Performed: CSESX3
 Effects of Procedures: good but no sleep
 Recent Laboratory Data: _____
 Physical Therapy (types and effect): _____
 TENS (trial and effect): _____
 Psychological Intervention (type and effects): _____

Physical Exam Findings

Assessment/Plan: Cervical therapy
② full range of motion
③ full range of motion

SIGNATURE



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ANDREW M.G. DAVY, M.D., P.C.
Pain Medicine
 Phone (718) 377 8877 Fax (718) 377 1192

Patient Name: Adonna Francher Medical Record No.: _____
 Date: 6-1-07 Age: Neck Allergies: _____
 Location and Quality of Pain: _____
 Intensity (0-10) today: Neck 2/10 Last Visit
 Sleep (amount and quality): improved
 Activity: _____
 Medications for Pain: None

Side Effects:

Other Medications: _____
 Procedures Performed: CSESX3
 Effects of Procedures: good but no sleep
 Recent Laboratory Data: _____
 Physical Therapy (types and effect): _____
 TENS (trial and effect): _____
 Psychological Intervention (type and effects): _____

Physical Exam Findings

Assessment/Plan: ① Flm 6 week
② Pain med and ice ③ CSESX3
③ continue therapy

SIGNATURE



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PROCEDURE NOTE
EPIDUROGRAM

PATIENTS NAME: Adamaa Froum
 DATE: 05/10/07 TIME: PCN Midol
 DRUG ALLERGIES: PCN Midol
 CONSENT: ☐ OBTAINED ☐ IN CHART

MONITORS: NIBP, PULSE OXIMETER.

PROCEDURE:

POSITION: PRONE. STERILE PREP AND DRAPE. FLUOROSCOPIC GUIDANCE IS USED TO LOCATE THE C5-6 INTERSPACE. THE SKIN AND SUBCUTANEOUS TISSUES WERE ANESTHETIZED WITH 3-5ML OF LIDOCAINE WITH EPINEPHRINE VIA A 25G NEEDLE. A TOUCH-ROUSTED 18 G EPIDURAL NEEDLE IS THEN ADVANCED INTO THE EPIDURAL SPACE UNDER DIRECT FLUOROSCOPIC VISUALIZATION IN BOTH AP AND LATERAL PLANES. AFTER NOTING NO EVIDENCE OF HEME, CSF, OR PARESTHESIAS AN EPIDUROGRAM WAS PRODUCED BY INJECTING AT 3 ML OF OMPINAPAC 300M CONTRAST DYE. FILLING DEFECTS WERE NOTED AS THERE WAS NO DYE SPREAD TO THESE AREAS.

COMPLICATIONS: None

DISCHARGE INSTRUCTIONS REVIEWED AND DISPENSED.

ATTENDING: PCN

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PROCEDURE NOTE
EPIDURAL STEROID INJECTION # 3 WITH FLUOROSCOPIC GUIDANCE

PATIENTS NAME: Adamaa Froum
 DATE: 05/10/07 TIME: PCN Midol
 DRUG ALLERGIES: PCN Midol
 CONSENT: ☐ OBTAINED ☐ IN CHART

MONITORS: NIBP, PULSE OXIMETER.

PROCEDURE:

POSITION: PRONE. STERILE PREP AND DRAPE. FLUOROSCOPIC GUIDANCE IS USED TO LOCATE THE C5-6 INTERSPACE. LIDOCAINE 1% WITH EPINEPHRINE 3-5ML VIA A 25G NEEDLE IS USED TO ANESTHETIZE THE SKIN AND SUBCUTANEOUS TISSUES. A TOUCH-ROUSTED 18 G EPIDURAL NEEDLE IS THEN ADVANCED INTO THE EPIDURAL SPACE UNDER DIRECT FLUOROSCOPIC GUIDANCE IN BOTH AP AND LATERAL PLANES. AFTER NOTING NO EVIDENCE OF HEME, CSF, OR PARESTHESIAS AN EPIDUROGRAM WAS PRODUCED. SEE REPORT. AFTER THIS BURIVACAIN 0.33% 8 ml PLUS DEPO-MEDROL 80 mg (2 ml) FOR A TOTAL OF 8 ml. WAS INJECTED INTO THE EPIDURAL SPACE. PATIENT TOLERATED THE PROCEDURE WELL.

COMPLICATIONS: None

PAIN (0-10):

PRE-BLOCK 4/10 POST BLOCK 0/10

TEMPERATURE:

PRE-BLOCK POST-BLOCK

ASSESSMENT OF BLOCK: Good delivery of drug

DISCHARGE INSTRUCTIONS REVIEWED AND DISPENSED.

ATTENDING: PCN

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PROCEDURE NOTE

EPIDURAL STEROID INJECTION # 2 WITH FLUOROSCOPIC GUIDANCE

PATIENTS NAME: Arbana BrindleyDATE: 05-03-07 TIME: _____

DRUG ALLERGIES: _____

CONSENT: ☐ OBTAINED ☐ IN CHART

MONITORS: NIBP, PULSE OXIMETER.

PROCEDURE:

POSITION- PRONE (SITTING) STERILE PREP AND DRAPE. FLUOROSCOPIC GUIDANCE IS USED TO LOCATE THE C5-6 INTERSPACE. LIDOCAINE 1% WITH EPINEPHRINE 1:50000 VIA A 25G NEEDLE IS USED TO ANESTHETIZE THE SKIN AND SUBCUTANEOUS TISSUES. A TOUNY-HOUSTED 18 G EPIDURAL NEEDLE IS THEN ADVANCED INTO THE EPIDURAL SPACE UNDER DIRECT FLUOROSCOPIC GUIDANCE IN BOTH AP AND LATERAL PLANES. AFTER NOTING NO EVIDENCE OF HEME, CSF, OR PARESTHESIAS AN EPIDUROGRAM WAS PRODUCED-SEE REPORT. AFTER THIS BUPIVACAINE 0.35% 6 ml PLUS DEPO-MEDROL 10 mg (1 ml) FOR A TOTAL OF 7 ml WAS INJECTED INTO THE EPIDURAL SPACE. PATIENT TOLERATED THE PROCEDURE WELL.

COMPLICATIONS: None

PAIN (0-10): _____

PRE-BLOCK 0/6POST BLOCK 0/6

TEMPERATURE: _____

PRE-BLOCK _____

POST-BLOCK _____

ASSESSMENT OF BLOCK: Good delivery of drug

DISCHARGE INSTRUCTIONS REVIEWED AND DISPENSED.

ATTENDING: for

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PROCEDURE NOTE

EPIDUROGRAM

PATIENTS NAME: Arbana BrindleyDATE: 05-03-07 TIME: _____

DRUG ALLERGIES: _____

CONSENT: ☐ OBTAINED ☐ IN CHART

MONITORS: NIBP, PULSE OXIMETER.

PROCEDURE:

POSITION- PRONE (SITTING) STERILE PREP AND DRAPE. FLUOROSCOPIC GUIDANCE IS USED TO LOCATE THE C5-6 INTERSPACE. THE SKIN AND SUBCUTANEOUS TISSUES WERE ANESTHETIZED WITH 3-5ML OF LIDOCAINE WITH EPINEPHRINE VIA A 25G NEEDLE. A TOUNY-HOUSTED 18 G EPIDURAL NEEDLE WAS THEN ADVANCED INTO THE EPIDURAL SPACE UNDER DIRECT FLUOROSCOPIC VISUALIZATION IN BOTH AP AND LATERAL PLANES. AFTER NOTING NO EVIDENCE OF HEME, CSF, OR PARESTHESIAS AN EPIDUROGRAM WAS PRODUCED BY INJECTING AT 5 ml OF CONTRAST DYE. FILLING DEFECTS WERE NOTED AS THERE WAS NO DYE SPREAD TO THESE AREAS.

COMPLICATIONS: None

DISCHARGE INSTRUCTIONS REVIEWED AND DISPENSED.

ATTENDING: for

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PROCEDURE NOTE

EPIDURAL STEROID INJECTION # 1 WITH FLUOROSCOPIC GUIDANCE

PATIENT'S NAME: Adanna Frometa

DATE: 4.26.07 TIME: _____

DRUG ALLERGIES: Penicillin

CONSENT: ☒ OBTAINED ☐ IN CHART

MONITORS: NIBP, PULSE OXIMETER.

PROCEDURE:

POSITION: PRONE Sitting STERILE PREP AND DRAPE. FLUOROSCOPIC GUIDANCE IS USED TO LOCATE THE C6-7 INTERSPACE. LIDOCAINE 1% WITH EPINEPHRINE 3-5ML VIA A 25G NEEDLE IS USED TO ANESTHETIZE THE SKIN AND SUBCUTANEOUS TISSUES. A TOUCH-
HOUSTED 18 G EPIDURAL NEEDLE IS THEN ADVANCED INTO THE EPIDURAL SPACE UNDER DIRECT FLUOROSCOPIC GUIDANCE IN BOTH AP AND LATERAL PLANES. AFTER NOTING NO EVIDENCE OF HEME, CSF OR PARESTHESIAS AN EPIDUROGRAM WAS PRODUCED. SEE REPORT. AFTER THIS BUPIVACAINE 0.33% 6 ml PLUS DEPO-MEDROL 80 mg (2 ml) FOR A TOTAL OF 8 ml WAS INJECTED INTO THE EPIDURAL SPACE. PATIENT TOLERATED THE PROCEDURE WELL.

COMPLICATIONS: None

PAIN (0-10): _____

TEMPERATURE: _____

PRE-BLOCK 8/10

POST-BLOCK 2/10

ASSESSMENT OF BLOCK: Good delivery of drug

DISCHARGE INSTRUCTIONS REVIEWED AND DISPENSED.

ATTENDING: pmf

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PROCEDURE NOTE

EPIDUROGRAM

PATIENT'S NAME: Adanna Frometa

DATE: 4.26.07 TIME: _____

DRUG ALLERGIES: Penicillin

CONSENT: ☒ OBTAINED ☐ IN CHART

MONITORS: NIBP, PULSE OXIMETER.

PROCEDURE:

POSITION: PRONE Sitting STERILE PREP AND DRAPE. FLUOROSCOPIC GUIDANCE IS USED TO LOCATE THE C6-7 INTERSPACE. THE SKIN AND SUBCUTANEOUS TISSUES WERE ANESTHETIZED WITH 3-5ML OF LIDOCAINE WITH EPINEPHRINE VIA A 25G NEEDLE. A TOUCH-
HOUSTED 18 G EPIDURAL NEEDLE WAS THEN ADVANCED INTO THE EPIDURAL SPACE UNDER DIRECT FLUOROSCOPIC VISUALIZATION IN BOTH AP AND LATERAL PLANES. AFTER NOTING NO EVIDENCE OF HEME, CSF OR PARESTHESIAS AN EPIDUROGRAM WAS PRODUCED BY INJECTING AT 5 ML OF OMPINQUE 300M CONTRAST DYE. FILLING DEFECTS WERE NOTED AS THERE WAS NO DYE SPREAD TO THESE AREAS.

COMPLICATIONS: None

DISCHARGE INSTRUCTIONS REVIEWED AND DISPENSED.

ATTENDING: pmf